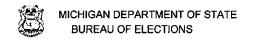
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

OVERPAGE				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 7-21-08 to 8-25-08		
1. Committee I.D. Number	4. Candidate La	st Name M.I.		
138332		+ Adam M		
2. Committee Name	1	Including District # or Community Served (If applicable)		
CTE Adam Wit	_	idence Macomb		
5. Committee's Mailing Address		me & Residential Address		
24834 Trombley	Adam	,		
Harrison Two MI 48045	24834	Trombley		
	Harrise	~ Twp, MI 48045 100 €		
Area Code and Phone SS 246055 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Pho	ne <u>586 246 0551</u>		
7. Treasurer's Business Address	8. Designated Re	cord keeper's Name and Mailing Address (If the committee has a rd keeper)		
38151 L'Anse Crevse	Designated Reco	rd keeper)		
Harrison Tup MI 48045				
4				
_				
Area Code and Phone 586 466 1445	Area Code and P	hone		
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post-	-Election	9c. Annual Statement(Coverage Year)		
		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c		
Pre-Election or Post-Election Statement relates to:		☐ or 9e to indicate which Statement is being amended)		
Primary Gen	eral	9e. Dissolution of Candidate Committee		
Convention	ool	Effective Date of Dissolution		
Special	0.10			
Cauc	uo	By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if		
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
5/3/00		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign S	tatements. The Campaign Statements must include all applicable		
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: INWe certify that all reasonable diligence was used imvour knowledge and belief the contents are true, accurate and co	in the preparation o	· · · · · · · · · · · · · · · · · · ·		
Current Treasurer or \(\Lambda\) \(\lambda\)	/ <i>/</i>	, 🔥 🖍		
Designated Record keeper	1/A	Date 9-16-08		
Type or Print Name	/ `Sjgnature ⊿			
Candidate Adam Wit	1/1	W Date 6-10-08		
Type or Print Name	Signature	, ,		



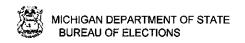
1. Committee I.D. Number ____

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t	ンジ))	

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE Adam Wit

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 705 18
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ <u>O. OU</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 705 18
IN-KIND CONTRIBUTIONS & EXPENDITURES	_	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ O O
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ <u>705.18</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(1000) V	A
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	-	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 705 18	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u> </u>	
14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$O. O. O	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>O. O.O</u>	*
(Sandarinio io iidii iiid		



SCHEDULE 1E

DEBTS AND OBLIGATIONS 1. Committee I.D. Number 138332

	-
CANDIDATE	COMMITTEE

CTE Adam latet

CANDIDATE COMMITTEE 2. C.	ommittee Name	Horam W	<u> </u>		
This Schedule itemizes:					
a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)					
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: Individual	\$		***	
Adam Wit	5. Date Debt Was Incurred:	\$			
24834 Trambley	7/20/08	\$		705 14	
Hurrison Tup MI 48045	6. Original Amount of Debt	\$	\$ <u> </u>	s 705.18	
, , , , ,	s 705-18	•		FORGIVEN	
if bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type:	s			
Owed to or by.	5. Date Debt Was Incurred:	s			
					
	6. Original Amount of Debt:		l _{\$}	\$	
	\$	<u> </u>		FORGIVEN	
If herely leads are not and account of the control		\$			
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$	<u> </u>	
Owed to or by:	4. Type:	\$			
	5. <u>Date Debt Was Incurred</u> :	\$			
	6. Original Amount of Debt:	<u> </u>		•	
	c	\$	' \$	FORGIVEN	
	Ψ	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	-	
		Page Subtotal	(Outstanding debt)	705.18	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				705.18	
, , ——————————————————————————————————				Enter this total on line 12a "owed	
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of					

Summary Page

Page _____ of ____